NOTICE TO REQUESTER

DATE:			
TO:			
FROM:	Department Name, Name & Telephone Number of Contact Person at Agency		
ACCESS TO	THE GOVERNMENT RECORD YOU REQUESTED (copy of request attached or brief description below)		
	e granted in its entirety. ot be granted because agency does not maintain the requested record. agency needs a further description or clarification of the requested record. Please contact the agency within days or your request will be considered abandoned. the request would require the agency to create a summary or compilation from records that is not readily retrievable.		
portions of thi	nied in its entirety or will be granted only to certain part(s) of this government record. Denial of access to this or government record is based upon the following subsections of section 92F-13, Hawaii Revised Statutes, or other laws as he portions of the record that the agency will not disclose are described in general terms:		
STA	TUTE RECORD OR PORTIONS WITHHELD		
Insp	ID DATE OF DISCLOSURE: ection at the following location: On (date/time): provided to you: available for pick-up at the agency on (date/time): to be mailed transmitted by other means as requested		
	nental Disclosure: The record will be disclosed in increments. (The agency must attach a description of extenuating istances that support its intention to disclose incrementally. See §2-71-15 H.A.R.) The first increment will be available on		
See Back for Information on Fees			
Should you have questions about the agency's response, you may contact the person named above. If you are not satisfied with the agency's response, you may call the Office of Information Practices at 808-586-1400.			

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ESTIMATED FEES:				
	the services listed below to process your record recow is an estimate of the fees that the agency will ch			
SEARCH	ESTIMATE OF TIME TO BE SPENT:(\$2.50 FOR EACH 15-MINUTE PERIOD)			
Review	ESTIMATE OF TIME TO BE SPENT:(\$5.00 FOR EACH 15-MINUTE PERIOD)			
SEGREGATION	ESTIMATE OF TIME TO BE SPENT:(\$5.00 FOR EACH 15-MINUTE PERIOD)			
COPY CHARGES	ESTIMATE OF PAGES TO BE COPIED:AT\$PERPAGE.	\$		
OTHER CHARGES	ESTIMATE OF OTHER CHARGES ALLOWED BY LAW:	\$		
	(SPECIFY THE LAW)	-		
TOTAL ESTIMATED FEES:		\$		
A Prepayment of \$ is required before your request can be processed. Payment is accepted in CASH PERSONAL CHECK OTHER No prepayment is required. WAIVER OF FEES IN THE PUBLIC INTEREST: The agency will complete this section only if you requested a waiver of fees in the public interest.				
Request for waive	er is granted. The fee information provided above reer is denied.	eflects the fee waiver.		
REQUESTER'S RESPONSIBILITIES: The agency will not complete your request for records until it receives your prepayment, if required, and until you perform your other responsibilities under §2–71-16, Hawaii Administrative Rules. Once the agency begins to process your request, you will be liable for any fees incurred. If you wish to cancel or modify your record request, you must advise the agency upon receipt of this notice.				

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